



TEXAS DEPARTMENT OF STATE HEALTH SERVICES
EMERGENCY MEDICAL SERVICES
INITIAL EMS PROVIDER LICENSE CHECKLIST

Revised 08/01/2014

Applying for an EMS Provider License has several processing steps:

1. Complete and mail the application for an EMS Provider License, all the required documents and any applicable fees to Austin. Please use the appropriate mailing cover sheet which can be found on the web site at: <http://www.dshs.state.tx.us/emstraumasystems/provfro.shtm>
2. The EMS Certification and Licensing Group will e-mail a confirmation letter assigning a Certification and Licensing Group Specialist to assist you through the application process.
3. Your agencies protocols; equipment, supply and medication list; quality assurance plan; and policy and procedures will be assigned to an EMS Compliance Group Field Office and you will be e-mailed a confirmation letter assigning a Compliance Group Specialist to conduct your survey and inspection.
4. You will work with each group to clear any deficiencies.
5. The EMS Compliance Specialist will schedule a vehicle inspection/survey once protocols; equipment, supply and medication list; quality assurance plan; and policy and procedures are sufficient.
6. After the inspection/survey your results will be sent to your Certification and Licensing Group Specialist. Remember, you are not considered licensed at this point in the process.
7. Issuance or denial of the license will be determined by the Certification and Licensing Group in Austin. If you are approved a license and license number will be issued, the wall certificate and vehicle authorization document will be mailed to you. If a proposal to deny your license occurs you will be contacted by the DSHS Enforcement Unit.
8. Please review Section 4 Approval From Local Governmental Entity of this document before applying. Application fees are non-refundable.

1. APPLICATION

1.1. Application Form – link to form at: <http://www.dshs.state.tx.us/emstraumasystems/provfro.shtm>

1.2. Application Fee – \$500 plus \$180 for each vehicle to be operated. All fees are non-refundable.

Fee Payment – Make payable to: Texas Department of State Health Services

Or,

Documentation of Fee Exemption: If your organization qualifies for a fee exemption because it is a volunteer organization, is staffed with at least 75% volunteer personnel, has no more than five full-time staff, and holds IRS 501(c)(3) tax classification, submit a copy of the 501(c)(3) documentation.

1.3. Reciprocal License fee – If the applicant holds a fixed-wing or rotor-wing air ambulance provider and does not plan to base aircraft in Texas the applicant may apply for a reciprocal license if they are appropriately licensed by the state governments of New Mexico,

Oklahoma, Arkansas, or Louisiana. A nonrefundable administrative fee of \$500 per provider in addition to a nonrefundable fee of \$180 for each EMS aircraft to be operated in Texas under the reciprocal license shall accompany the application.

2. APPLICATION SUPPLEMENTAL DOCUMENTATION

2.0. Letter of Approval from the governing body of the municipality, if applicable, in which the applicant is located and is applying to provide emergency medical services; or if the applicant is not located in a municipality, the commissioners court of the county in which the applicant is located and is applying to provide emergency medical services. For specific information about the Letter of Approval refer to Section 4 of this document.

2.1. Complete the Department's EMS Provider Declaration Form.

Declaration Form link below:

<http://www.dshs.state.tx.us/emstraumasystems/provfro.shtm>

2.1.1. Complete the Administrator of Record Form if applicable.

2.1.2. Submit an appropriate Letter of Credit if applicable.

2.2. Assumed Name Certificates (also known as doing business as certificates) – Submit copies of and assumed name certificates. A certificate is required if the “Name of Person(s) or Organization Responsible for License” is different than the “Provider/Operating Name”. The “Provider/Operating Name” is the name you present to the public, i.e. have on the side of your ambulance(s).

2.3. Station Location(s) – Please list all EMS stations that this organization has.

Station Location Form link below:

<http://www.dshs.state.tx.us/emstraumasystems/provfro.shtm>

2.4. EMS Personnel Form – Submit a completed form.

EMS Personnel Form link below:

<http://www.dshs.state.tx.us/emstraumasystems/provfro.shtm>

2.5. Staffing Plan – The plan must describe how the provider will offer continuous coverage for the service area defined in documents submitted with the EMS provider application.

2.5.1. Emergency 911 Providers are responsible for providing coverage to their service area 24/7. All other services must provide specific details for operation times and coverage.

2.5.2. The plan must include the days/hours of operation.

2.5.3. The provider needs to explain how many units will operate, at what level they will operate and with how many staff. You must account for all vehicles being licensed.

2.6. EMS Vehicles:

2.6.1 EMS Vehicle Form – Submit a completed form.

2.6.2. Vehicle Titles, Vehicle Lease Agreements, Exempt Registrations – The applicant is responsible for providing copies of:

2.6.2.1 Vehicle titles, or;

2.6.2.2 Vehicle lease agreements, or

2.6.2.3 Copies of exempt registrations if applicant is a government subdivision, or

2.6.2.4 An affidavit identifying applicant as the owner, lessee, or authorized operator for each vehicle to be operated under the license.

EMS Vehicle Form link below:

<http://www.dshs.state.tx.us/emstraumasystems/provfro.shtm>

2.7. Certificates of Insurance: Certificates of Insurance are provided by the insurer identifying the Department as the certificate holder and indicating the applicant (EMS Provider) or insured's name. Policy numbers, effective and expiration dates, and coverage. If applicant is a government subdivision, submit evidence of financial responsibility by self-insuring to the limit imposed by the tort claims provisions of the Texas Civil Practice and Remedies Code.

The department shall be the certificate holder and named as follows:

EMS Certification, Mail Code 2835
Texas Department of State Health Services
PO Box 149347
Austin, TX 78714-9347

Copies of insurance cards, declarations pages, or insurance binders are NOT acceptable for proof of insurance.

2.7.1. Motor Vehicle Liability Insurance Maintenance – Applicant is required to maintain motor vehicle liability insurance as required under Chapter 601 of the Texas Transportation Code. The department must be identified as a certificate holder.

2.7.2. Professional Liability Insurance Maintenance – Applicant is required to maintain professional liability insurance coverage in the minimum amount of \$500,000 per occurrence as specified in 25 TAC, Section 157.11(b)(6)(S)(ii). The department must be identified as a certificate holder.

2.7.3. Applicants utilizing air ambulances see fixed and/or rotor-wing checklists for additional insurance requirements.

2.8. Proof of Medical Direction:

2.8.1. Medical Director Information Form. Submit a completed form.

Medical Director Form link below:

<http://www.dshs.state.tx.us/emstraumasystems/provfro.shtm>

2.8.2. Submit a copy of the contract or a letter of agreement with a physician to provide medical direction.

2.8.3. Submit a print out of the physician's public verification from the Texas medical Board's website

2.9. Treatment and Transport Protocols – Protocols must be submitted and include/comply with the following:

- 2.9.1. Signature of the Medical Director;
- 2.9.2. Effective and last reviewed date which correspond with the Provider's license;
- 2.9.3. Addresses geographical area;
- 2.9.4. Addresses status of personnel;
- 2.9.5. Identifies procedures for each EMS certification or license level;
- 2.9.6. Addresses the use of all required, additional and specialized medical equipment carried in any EMS vehicle in the Provider's fleet;
- 2.9.7. Addresses the use of non-EMS certified or licensed medical personnel;
- 2.9.8. DNR protocol, per Rule §157.25, which include the following:
 - 2.9.8.1. A copy of the TDH standardized DNR form;
 - 2.9.8.2. An explanation of the patient identification process to include an option to use a department-standardized identification device such as a necklace or bracelet; and
 - 2.9.8.3. An on-site DNR dispute resolution process which includes contacting an appropriate physician.

2.10. Equipment, Supplies and Medications – Submit list with the applicants EMS equipment, supplies, medical devices, parenteral solutions and pharmaceuticals. This list documents those items that shall be present on each EMS in-service vehicle and on, or immediately available for, each response-ready vehicle.

2.10.1. The list shall approved by the medical director and fully supportive of and consistent with the protocols, of all medical equipment, supplies, medical devices, parenteral solutions and pharmaceuticals to be carried. The list shall specify the quantities of each item to be carried and shall specify the sizes and types of each item necessary to provide appropriate care for all age ranges appropriate to the needs of their patients. The quantities listed shall be appropriate to the provider's call volume, transport times and restocking capabilities.

2.10.2. All critical patient care equipment, medical devices, and supplies shall be clean and fully operational. All critical patient care battery powered equipment shall have spare batteries or an alternative power source, if applicable.

2.10.3. All solutions and pharmaceuticals shall be in date and shall be stored and maintained in accordance with the manufacturers and/or U.S. Federal Drug Administration (FDA) recommendations.

2.10.4. The requirements for air ambulance equipment and supplies are listed in §157.12(h) of this title or §157.13(h) of this title.

- 2.10.5. Basic Life Support (BLS):
 - 2.10.5.1. Oropharyngeal airways;

- 2.10.5.2. Portable and vehicle mounted suction;
- 2.10.5.3. Bag valve mask units, oxygen capable;
- 2.10.5.4. Portable and vehicle mounted oxygen;
- 2.10.5.5. Oxygen delivery devices;
- 2.10.5.6. Dressing and bandaging materials;
- 2.10.5.7. Rigid cervical immobilization devices;
- 2.10.5.8. Spinal immobilization devices;
- 2.10.5.9. Extremity splints;
- 2.10.5.10. Equipment to meet special patient needs;
- 2.10.5.11. Equipment for determining and monitoring patient vital signs, condition or response to treatment;
- 2.10.5.12. Pharmaceuticals, as required by medical director protocols;
- 2.10.5.13. An External Cardiac Defibrillator appropriate to the staffing level;
- 2.10.5.14. A patient-transport device capable of being secured to the vehicle; and
- 2.10.5.15. An epinephrine auto injector or similar device capable of treating anaphylaxis.

- 2.10.5.16. Advanced Life Support:
 - 2.10.5.16.1. All required BLS equipment;
 - 2.10.5.16.2. Advanced airway equipment;
 - 2.10.5.16.3. IV equipment and supplies; and
 - 2.10.5.16.4. Pharmaceuticals as required by medical director protocols.

- 2.10.5.17. MICU:
 - 2.10.5.17.1. All required BLS and ALS equipment;
 - 2.10.5.17.2. Cardiac monitor/defibrillator; and
 - 2.10.5.17.3. Pharmaceuticals as required by medical director protocols.

- 2.10.5.18. BLS with ALS Capability:
 - 2.10.5.18.1. All required BLS equipment, even when in service or response ready at the ALS level; and
 - 2.10.5.18.2. All required ALS equipment, when in service or response ready at the ALS level.

- 2.10.5.19. BLS with MICU Capability:
 - 2.10.5.19.1. All required BLS equipment, even when in service or response ready at the MICU level; and
 - 2.10.5.19.2. All required MICU equipment, when in service or response ready at the either the MICU level.

- 2.10.5.20. ALS with MICU Capability:
 - 2.10.5.20.1. All required ALS equipment, even when in service or response ready at the MICU level; and
 - 2.10.5.20.2. All MICU equipment, when in service or response ready at the MICU level.

- 2.10.5.21. In addition to medical supplies and equipment:
 - 2.10.5.21.1. A complete and current copy of written protocols approved by the medical director; with a current and complete equipment, supply, and medication list;
 - 2.10.5.21.2. Operable emergency warning devices;
 - 2.10.5.21.3. Personal protective equipment for the crew to include at least:
 - 2.10.21.3.1. Protective, non-porous gloves;
 - 2.10.5.21.3.2. Medical eye protection;
 - 2.10.5.21.3.3. Medical respiratory protection;
 - 2.10.5.21.3.4. Medical protective gowns or equivalent; and
 - 2.10.5.21.3.5. Personal cleansing supplies;
 - 2.10.5.21.4. Sharps container;
 - 2.10.21.5. Biohazard bags;
 - 2.10.5.21.6. Portable, battery-powered flashlight (not a pen-light);
 - 2.10.5.21.7. A mounted fire extinguisher;
 - 2.10.5.21.8. "No Smoking" signs posted in the patient compartment and cab of vehicle; and
 - 2.10.5.21.9. Emergency response guide book (for hazardous materials).

2.11. Quality Assurance – Submit a quality assurance plan which shall, at a minimum, include:

- 2.11.1. The standard of patient care and the medical director's protocols;
- 2.11.2. Pharmaceutical storage;
- 2.11.3. Readiness inspections;
- 2.11.4. Preventive maintenance;
- 2.11.5. Policies and procedures;
- 2.11.6. Complaint management; and
- 2.11.7. Patient care reporting and documentation.

2.12. Disaster Preparedness Plan – Submit a plan for how the provider will respond to disaster incidents including mass casualty situations.

2.13. Mutual Aid and Inter-local Agreements – Submit copies of written Mutual Aid and/or Inter-local Agreements with EMS providers, if the applicant has any.

2.14. National Accreditation – Submit a copy of any National Accreditations held by the applicant.

- 2.14.1. An accreditation self-study;
- 2.14.2. A copy of formal accreditation certificate; and

2.15. Standard Operating Procedures – Submit a copy of any policies and procedures they EMS applicant has. The provider must have the following policies:

- 2.15.1. Personal protective equipment;

- 2.15.2. Immunizations available to staff;
 - 2.15.3. Infection control procedures;
 - 2.15.4. Communicable disease exposure;
 - 2.15.5. Emergency vehicle operation;
 - 2.15.6. Credentialing of new response personnel before being assigned primary care responsibilities. The credentialing process shall include as a minimum:
 - 2.15.6.1. A comprehensive orientation session of the services policies and procedures, treatment and transport protocols, safety precautions, and quality management process; and
 - 2.15.6.2. An internship period in which all new personnel practice under the supervision of, and are evaluated by, another more experienced person, if operationally feasible.
 - 2.15.7. Appropriate documentation of patient care; and
 - 2.15.8. Vehicle checks, equipment, and readiness inspections.
- 2.16. Sample Patient Care Report – Submit a copy of a sample patient which will be used to document patient care.

3. Information Only:

Medicaid Bond – Applicants must show they have a bond for the Medicaid program as required by the Texas Health and Human Services Commission (HHSC).

HHSC Medicaid Bond Information link below:

<http://www.tmhp.com>

4. Approval from Local Governmental Entity

- 4.1. Letter from each Municipality and/or County in which you plan to provide emergency medical service.
- 4.2. This letter should be on official lettered from the respective entity.
- 4.3. Please insure your letter addresses each item in Section 773.0573(b)(1 thru 3).

Texas Health and Safety Code

Sec. 773.0573. Letter of Approval From Local Governmental Entity.

(a) An emergency medical services provider applicant must obtain a letter of approval from:

- (1) the governing body of the municipality in which the applicant is located and is applying to provide emergency medical services; or
- (2) if the applicant is not located in a municipality, the commissioners court of the county in which the applicant is located and is applying to provide emergency medical services.

(b) A governing body of a municipality or a commissioners court of a county may issue a letter of approval to an emergency medical services provider applicant who is applying to provide emergency medical services in the municipality or county only if the governing body or commissioners court determines that:

- (1) the addition of another licensed emergency medical services provider will not interfere with or adversely affect the provision of emergency medical services by the licensed emergency medical services providers operating in the municipality or county;
- (2) the addition of another licensed emergency medical services provider will remedy an existing provider shortage that cannot be resolved through the use of the licensed emergency medical services providers operating in the municipality or county; and
- (3) the addition of another licensed emergency medical services provider will not cause an

oversupply of licensed emergency medical services providers in the municipality or county.

(c) An emergency medical services provider is prohibited from expanding operations to or stationing any emergency medical services vehicles in a municipality or county other than the municipality or county from which the provider obtained the letter of approval under this section until after the second anniversary of the date the provider's initial license was issued, unless the expansion or stationing occurs in connection with:

- (1) a contract awarded by another municipality or county for the provision of emergency medical services;
- (2) an emergency response made in connection with an existing mutual aid agreement; or
- (3) an activation of a statewide emergency or disaster response by the department.

(d) This section does not apply to:

- (1) renewal of an emergency medical services provider license; or
- (2) a municipality, county, emergency services district, hospital, or emergency medical services volunteer provider organization in this state that applies for an emergency medical services provider license.

Added by Acts 2013, 83rd Leg., R.S., Ch. 1089 (H.B. 3556), Sec. 3, eff. September 1, 2013.

Added by Acts 2013, 83rd Leg., R.S., Ch. 1311 (S.B. 8), Sec. 9(c),

5. ROTOR WING AIR AMBULANCE DOCUMENT SUBMISSIONS - Submit the following information in the order listed in addition to the information submitted with the EMS provider checklist.

- 5.1. Attach a document stating provider directs and controls the integrated activities of both the medical and aviation components as required by rule 157.12(a).
- 5.2. Helicopter(s) meet requirements of rule 157.12 (b).
- 5.3. Attach a letter of agreement that all helicopters shall meet the specifications of rule 157.12(b) if the aircraft is leased from a pool.
- 5.4. Must meet all responsibilities of EMS providers per rule 157.11(m).
- 5.5. Proof that the rotor-wing aircraft provider carries bodily injury and property damage insurance with a company licensed to do business in the State of Texas in order to secure payment for any loss or damage resulting from any occurrence arising out of or caused by the operation or use of any of the license holder's aircraft. Coverage amounts shall insure that:
 - 5.5.1. each aircraft shall be insured for the minimum amount of \$1 million for injuries to, or death of, any one person arising out of any one incident or accident;
 - 5.5.2. the minimum amount of \$3 million for injuries to, or death of, more than one person in any one accident; and
 - 5.5.3. the minimum amount of \$500,000 for damage to property arising from any one accident
- 5.6. Proof that the provider carries professional liability coverage in the minimum amount of \$500,000 per occurrence, with a company licensed to do business in Texas to secure payment for any loss or damage resulting from any occurrence arising out of or caused by the care or lack of care of a patient
- 5.7. Meets responsibilities of EMS providers in rule 157.11
- 5.8. Submit a copy of current FAA operational certification, that includes designation for air ambulance operations.
- 5.9. Proof that the medical director meets the qualifications of rule 157.12(d) and 157.12 (e). Proof may be shown by including this information included in the contract/or letter of agreement with the medical director.
- 5.10. Documentation of successful completion of training specific to the helicopter transport environment in general and the licensee's operation specifically. The curriculum shall be consistent with the Department of Transportation Air Medical Crew - National Standard Curriculum or equivalent program and each attendant's qualifications shall be documented.
- 5.11. The rotor-wing equipment and supply list shall include at minimum items listed in rule 157.12 (h).

[End of Rotor Wing]

6. **FIXED WING AIR AMBULANCE DOCUMENT SUBMISSIONS** - Submit the following information in the order listed in addition to the information submitted with the EMS provider checklist.
 - 6.1. Submit a document stating provider directs and controls the integrated activities of both the medical and aviation components as required by rule 157.13(a).
 - 6.2. Submit a copy of current FAA operational certification that includes designation for air ambulance operations.
 - 6.3. Must meet all responsibilities of EMS providers per rule 157.11(m).
 - 6.4. Submit proof that the fixed-wing aircraft operator carries bodily injury and property damage insurance with a company licensed to do business in the State of Texas, to secure payment for any loss or damage resulting from any occurrence arising out of or caused by the operation of any of the certificate holder's aircraft. Coverage amounts shall insure that:
 - 6.5. Each aircraft shall be insured for the minimum amount of \$1 million for injuries to, or death of, any one person arising out of any one incident or accident;
 - 6.6. There is a minimum amount of \$3 million for injuries to, or death of, more than one person in any one accident; and
 - 6.7. There is a minimum amount of \$500,000 for damage to property arising from any one accident
 - 6.8. Submit proof that the provider carries professional liability coverage in the minimum amount of \$500,000 per occurrence, with a company licensed to do business in Texas, in order to secure payment for any loss or damage resulting from any occurrence arising out of or caused by the care or lack of care of a patient.
 - 6.9. Submit a letter of agreement that all fixed wing aircraft shall meet the specifications of rule 157.13(b) if the aircraft is leased from a pool.

- 6.10. Submit documentation of training specific to the fixed-wing transport environment in general and the licensee's operation specifically, per rule 157.13(g)(1). Each attendant's qualifications shall be documented.
 - 6.11. Include proof that the medical director meets the qualifications of rule 157.13(e) and 157.13(f).
 - 6.12. Submit the method and an example used to calculate the volume of oxygen required to provide sufficient oxygen for the patients needs for the duration of the transport.
 - 6.13. Submit a plan to calculate the volume of oxygen plus a reserve equal to 1,000 liters or the volume to reach an appropriate airport, whichever is longer.
 - 6.14. Fixed wing equipment and supply list shall include at a minimum items listed in rule 157.13(h-j).
- [END OF FIXED WING }